





Please type a plus sign (+) inside this box

PTO/SB/83 (08-00) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/085,363	
Filing Date	28 February 2002	
First Named Invent r	MILIVOJE S. BRKOVIC	
Group Art Unit	2838 至	70
Examiner Name	UNKNOWN E	m
Attorney Docket Number	2646-003 - 😤 🏲	

					- 2	2	П		
Washington,				The state of the s	NTER 2800	2002	Ü		
I hereby apply to withdraw	au as attorney or agent for the above ide	ntified ap	plication.	1	308				
The reasons for this reque				<u>R</u> r	<u> </u>				
The inventor has directed	d that the file be transferred directly to him.	We no lon	ger represent	the applicant.					
1. The correspondence	ce address is NOT affected by this with	drawal.							
Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS									
	CORRESPONDENCE	י		Place Cus	stomer No	ımber	\neg		
Customer Number				Bar Code					
OR NA									
Firm <i>or</i> Individual Name	Milivoje S. Brkovic, Vice President, R&D,	Chief Desi	gner ————						
Address	di/dt, Inc.								
Address	1822 Aston Avenue			· · · · · · · · · · · · · · · · · · ·					
City	Carlsbad	State	California		ZIP	9200	B		
Country	USA		Γ						
Telephone	760-929-2580	Fax	760-929-254	11					
This request is enclosed	in triplicate (including any attachments)								
 ☑ This request is made on behalf of myself and ☐ all the attorneys/agents of record; ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or 									
the attorneys/age	nts (with registration numbers) listed or nts associated with Customer Number	00616							
Name Lawrence A. I									
Signature Jaw	reace Ullaxta								
Date 2 August 200	2								
NOTE: Withdrawal	is effective when approved rather than	when re	ceived	aunimitan d	lata of	o time			
ter the same and the	at least 30 days between approval of e or possible extension period, the requ	withdrav	vai and me	expiration o mally disapp	roved.	a uiile	,		
herion in response	F F /								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.